

2015 Girls Fastpitch

● Grades 3/4, 5/6, 7/8, 9-12 & Softball Clinics

- **Deadline for registration is March 16**
- **Recreational play** for girls in the City of Kent or Kent School District and unincorporated King County.
- **Team size** is limited with all players participating.
- **Teams are formed** by grades. Participants cannot play up or down a grade level.
- **Requests for placement** on a specific team with a particular friend or coach will be considered but cannot be guaranteed.
- **Registrations received** after March 16 deadline will be placed on a team on a space available basis, plus a \$10 late registration fee. There is no guarantee that a space will be available.
- **Practice begins** in mid-April with games starting in May.



Register online: webreg.KentWA.gov

For a printable online registration form, jewelry and refund policies and league information please visit KentWA.gov/sportsleagues or call 253.856.5000

Don't miss!

● **Fastpitch Clinics , Wilson Playfields #3 • \$25**

Pre-registration is necessary as both clinics are limited.

- **Sat., March 28 - Skills Clinic**, - 9 a.m.–12 p.m. Infield/Outfield fielding/baserunning/sliding are covered.
- **Sat., April 25 - Hitting Clinic** - 9 a.m.–12 p.m.
- **Sat., April 25 - Pitching #1** - 1 p.m.– 2:30 p.m. • **Pitching #2** - 3 p.m.– 4:30 p.m.

All pitching levels covered. Participants are encouraged to bring someone to catch for them.

● **Free Pepsi Pitch, Hit & Run Baseball Competition • Tue., April 7**

At Wilson Playfields. Warm up at 9:30 a.m. Competition starts at 10 a.m.

Kent Commons
525 Fourth Ave. N.
Kent, WA 98032

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CITY OF KENT PARKS, RECREATION & COMMUNITY SERVICES - 2015 GIRLS SOFTBALL REGISTRATION FORM

Participant's Name: _____ Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: () _____

Mom Day Phone: () _____ Email: _____

Dad Day Phone: () _____ Birth Date: ____/____/____ Age: ____ Grade: ____ School Attending: _____

Would you or someone you know like to: ☐ Sponsor ☐ Coach ☐ Officiate Name and phone # of interested person: _____

Ethnicity/Race (Optional) Please select one: ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ White ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native ☐ Other ☐ Two or More Races _____

Comments: _____

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Kent informational or promotional use.

Parent/Guardian Signature: _____ Date: _____

Check one: ☐ 3/4 53328 \$55 ☐ 5/6 53329 \$55 ☐ 7/8 53330 \$60 ☐ 9-12 53331 \$60 **Check if desired:** ☐ 54211 Skills ☐ 53332 Hitting ☐ 53333 Pitching #1 ☐ 53334 Pitching #2

Please note: Adult and youth sports program fees have been increased to include 9.5% sales tax as legally required by the State of Washington.

*Effective 2012 a \$1 technology fee is being applied to support systems that provide convenience and efficient service delivery.

In using City Park Facilities for any adult or youth community athletic program, as that term is defined in RCW 49.60.500, no group may discriminate in program participation on the basis of sex.

Fee: _____ **+ \$1.00***

Late Fee \$10: _____

Donation: _____

Credit: _____

Total: _____

Credit Cards

_____ Visa or Mastercard #

_____ Expiration Date

_____ Please print name of cardholder

For office use only 2015 Spring